

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10786070	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							61					
2							62					
3							63					
4							54					
5							55					
6							56					
7							57					
8							58					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	20	10	10	10	10	10	TOTAL IND.	20	10	10	10	10
TOTAL DEP.	20	10	10	10	10	10	TOTAL DEP.	20	10	10	10	10
TOTAL CLAIMS	30	15	15	15	15	15	TOTAL CLAIMS	30	15	15	15	15